

**CAN YOU
CATCH US DOING SOMETHING GOOD??**

NOMINATION FORM
EMPLOYEE OF THE QUARTER
Or
EMPLOYEE OF THE YEAR
(Circle One)

EMPLOYEE NAME: _____

EMPLOYEE JOB TITLE: _____

DEPARTMENT: _____

PERSON NOMINATING: _____ PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

Describe the reasons for nominating this employee. Give specific examples that meet the criteria for this nomination. Criteria are listed on the City's website www.city.marietta.ga.us/Special/employee_quarter.htm. The public is encouraged to participate. Use additional paper if needed.
